

2021/2022 TAX RELIEF APPLICATION

DUE: MAY 1, 2021

Lois B. Jacob

Commissioner of the Revenue City of Fredericksburg P.O. Box 644

Fredericksburg, VA 22404-0644 Telephone: 540 372-1207 Fax: 540 372-1197

Applicant:		
Last Name	First	MI
Birth Date:\	Social Security #	
Co-applicant:	F' .	
(Spouse) Last Name	First	MI
Birth Date:\	Social Security #_	
Address of Property:		-
Phone #:	Email:	
Property is in the name of:		
If someone else fills out the form fo	r you, please give the	ir information below:
Name:		
Address:	Email:	
City/State/Zip:	Phone # .	
PLEASE ANSWER THE FOLLOW	WING QUESTIONS	:
1. Is this residence occupied by the	ne applicant as the sc	ole dwelling?
•		•
2. Do you own any real estate oth		
Address:		
3. Does anyone other than your sp	pouse live in the hou	se with you?
Please give their names:		
4. Are you receiving rent from an	y of the above?	

PLEASE FILL IN THE YEARLY INFORMATION BELOW YOU MUST ENCLOSE DOCUMENTS SUPPORTING EACH AMOUNT NO APPLICATION WILL BE APPROVED UNLESS SUPPORTING DOCUMENTS ARE INCLUDED WITH THIS APPLICATION

Income Total		Assets Total	
for the Year 2020		for the Year 2020	
Social Security-Applicant	\$	Savings Account Balance	\$
Social Security-Spouse	\$	Checking Account Balance	\$
Retirement-Applicant	\$	Money Market Balance	\$
Retirement-Spouse	\$	CD Balance	\$
Annuity-Applicant	\$	CD Balance	\$
Annuity-Spouse	\$	Stock Balance	\$
Salary-Applicant	\$	Value of Automobile	\$
Salary-Spouse	\$	Value of Automobile	\$
Interest on CD's	\$	IRA Balance	\$
Interest on Savings	\$	Value of Other Real Estate	\$
Interest on Checking	\$	Other Assets	\$
Stock Dividends	\$	Other Assets	\$
Other Income	\$	Cash Value of Life Insurance	\$
Total income:	\$	Total Assets:	\$
	of my [our	alties provided by law, declare this [] financial worth and total income 020."	
Applicant/POA:		Spouse:	
Date:			

Documentation For Other Person Residing in the Property

Name:	ame: Social Security #:			
Birthdate:		<u> </u>		
Relationship to Propert	ty Owner:			
•		below from your supporting docum	<u>nents</u>	
Supporti	ng Document	s Must Be Included With This Page		
Income Total for the Year 2020		Assets Total for the Year 2020		
Social Security	\$	Checking Account Balance	\$	
Retirement	\$	Money Market Balance	\$	
Retirement	\$	CD Balance	\$	
Annuity	\$	CD Balance	\$	
Annuity	\$	Stock Balance	\$	
Salary	\$	Value of Automobile	\$	
Other Income	\$	Value of Automobile	\$	
nterest on CD's	\$	IRA balance	\$	
nterest on Savings	\$	Value of Real Estate Owned	\$	
nterest on Checking	\$	Other Assets	\$	
Stock dividends	\$	Cash-in Value of Insurance	\$	
Fotal Income:	ė	Total Assets:	ė	
i otai income.	\$	Total Assets.	\$	
"I the undersigned, u	nder penaltie	s provided by law, declare this to b	e a true and	
_	_	al worth and total income from A		
during the calendar y	-			
Cianatura		Data		
Signature:		Date:		

Documentation For Other Person Residing in the Property

Name:	nme: Social Security #:			
Birthdate:		_		
Relationship to Propert	ty Owner:			
•		below from your supporting docum	<u>nents</u>	
Supporti	ng Documents	s Must Be Included With This Page		
Income Total for the Year 2020		Assets Total for the Year 2020		
Social Security	\$	Checking Account Balance	\$	
Retirement	\$	Money Market Balance	\$	
Retirement	\$	CD Balance	\$	
Annuity	\$	CD Balance	\$	
Annuity	\$	Stock Balance	\$	
Salary	\$	Value of Automobile	\$	
Other Income	\$	Value of Automobile	\$	
nterest on CD's	\$	IRA balance	\$	
nterest on Savings	\$	Value of Real Estate Owned	\$	
nterest on Checking	\$	Other Assets	\$	
Stock dividends	\$	Cash-in Value of Insurance	\$	
Fotal Income:	ė	Total Assets:	ć	
i otai income.	\$	Total Assets.	\$	
"I the undersigned, u	nder penalties	s provided by law, declare this to b	e a true and	
_	_	al worth and total income from A		
during the calendar y	-			
Cianatura		Data		
Signature:		Date:		